

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
APPLICATION FOR CHANGE IN LICENSED CAPACITY  
ASSISTED HOUSING PROGRAMS

**PLEASE COMPLETE AND RETURN TO:**

Division of Licensing and Regulatory Services  
Community Services Programs  
11 State House Station  
442 Civic Center Drive  
Augusta, Maine 04333

*Agency Use Only*

SFMO \_\_\_\_\_ Fee \$ \_\_\_\_\_

H.F.S. \_\_\_\_\_

Prog. Spec. \_\_\_\_\_

- 1) THIS APPLICATION FORM MUST BE COMPLETE OR YOUR APPLICATION WILL BE RETURNED TO YOU.
- 2) RETURN THIS APPLICATION AND RELATED DOCUMENTS, AND TWO (2) ADDITIONAL COPIES TO THE ABOVE ADDRESS.
- 3) A REQUEST FOR AN INCREASE IN LICENSED BEDS FOR LEVELS I, II, III, AND IV RESIDENTIAL CARE FACILITIES MUST BE ACCOMPANIED WITH A FEE OF \$10.00 FOR EACH ADDITIONAL BED REQUESTED. MAKE CHECKS OUT TO: *Treasurer, State of Maine.*

Level I: \_\_\_\_\_ Level II: \_\_\_\_\_ Level III: \_\_\_\_\_ Level IV: \_\_\_\_\_

Level I (PNMI): \_\_\_\_\_ Level II (PNMI): \_\_\_\_\_ Level III (PNMI): \_\_\_\_\_ Level IV (PNMI): \_\_\_\_\_

Assisted Living: (Type I) \_\_\_\_\_ (Type II) \_\_\_\_\_

**FACILITY IDENTIFICATION:**

Name of Facility: \_\_\_\_\_

Physical Address of Facility: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Current number of licensed beds or units: \_\_\_\_\_ Total number of licensed beds or units requested: \_\_\_\_\_

**ADMINISTRATION:**

Name of Administrator/Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_

1. Total number of licensed beds or units you currently manage: \_\_\_\_\_

2. Do you manage more than one (1) facility? \_\_\_\_\_ If yes, please provide facility name(s) and nature of business: \_\_\_\_\_

3. Has your facility ever been placed on a Directed Plan of Correction or a Conditional License? \_\_\_\_\_  
If yes, state when: \_\_\_\_\_

4) What changes in management of the facility will result with the change in the number of beds or units? \_\_\_\_\_

5) How do you plan to accommodate these changes? \_\_\_\_\_

**DESCRIPTION OF FACILITY FOR INCREASED CAPACITY:**

- 1) Are rooms new construction, or existing? \_\_\_\_\_
- 2) If new construction, what is the expected date of completion? \_\_\_\_\_
- 3) Number of additional rooms or units requested? \_\_\_\_\_

(For Assisted Living Programs) How many efficiency units? \_\_\_\_\_ How many 1 bedroom units? \_\_\_\_\_

How many 1+ bedroom units? \_\_\_\_\_

How many are singles? \_\_\_\_\_ How many are doubles? \_\_\_\_\_

Do any existing bedrooms have more than 2 beds? \_\_\_\_\_

- 4) Type of heating systems: \_\_\_\_\_
- 5) Is there direct heat into each room? \_\_\_\_\_
- 6) Are windows screened? \_\_\_\_\_
- 7) Does each bedroom have at least one window to the outside? \_\_\_\_\_
- 8) Any new outside exits available from the building, including fire escapes? \_\_\_\_\_
- 9) Are these rooms currently furnished with required furniture? \_\_\_\_\_ If no, what is expected date of completion? \_\_\_\_\_

**ATTACH TO THIS APPLICATION A COPY OF THE BUILDING PERMIT OR A LETTER SIGNED BY A TOWN/CITY OFFICIAL STATING THAT CHANGES HAVE BEEN APPROVED BY LOCAL AUTHORITIES.**

**IN ORDER FOR THIS APPLICATION TO BE PROCESSED, A FLOOR PLAN MUST BE SUBMITTED WHICH IDENTIFIES THE CHANGED ROOMS IN RELATION TO THE EXISTING FACILITY.**

The Administrator/Applicant certifies that all information contained in this application is true and correct to the best of his/her knowledge. The Department of Health and Human Services reserves the right to request and review any additional information that will be necessary to determine the approval for a change in licensed capacity.

I, \_\_\_\_\_, certify that I am in compliance with all local laws and ordinances as they relate to zoning, plumbing, water supply, and sewage disposal.

Signature of Administrator/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** New construction, renovation, change of use, as well as other bed increases mandate approval from the State Fire Marshal. Community Services Programs will notify these authorities of your pending request.